

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, STE. 970, HONOLULU, HI 96813

TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org
Web site: ethics.hawaii.gov

NOTE: This is a public document.

THIS SPACE FOR OFFICE USE ONLY

19 JAN 28 A8:17

STATE OF HAWAR STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Tanaka	Lance	Norman	(808) 547-3920
MAILING ADDRESS (Street)			FAX
1132 Bishop Street, Suite 2500			EMAIL Itanaka@parpacific.com
(City)	(State)		(Zip Code)
Honolulu	Hawaii		96813
EMPLOYING ORGANIZATION (Fill in only if you are	e employed by a business entity wh	nich has been retained to lobby)	TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)		(Zip Code)

PART II ORGANIZATIOI	V	
NAME OF ORGANIZATION YOU	TELEPHONE (808) 547-3920 FAX	
Par Hawaii		
MAILING ADDRESS (Street)		
1132 Bishop Street, Suite 2500		EMAIL Itanaka@parpacific.com
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Lance N. Tanaka	,	(808) 547-3920
MAILING ADDRESS (Street)		FAX
1132 Bishop Street, Suite 2500		EMAIL Itanaka@parpacific.com
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
PART III DESCRIPTION	OF SUBJECTS UPON WH	ICH YOU EXPECT TO LOBE	3 Y			
Agriculture	Education	Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation			
Consumer Protection & Commerce	☐ Hawaiian Affairs	✓ Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other: (indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	✓ Public Safety & Corrections				
PART IV CERTIFICATIO	N OF LOBBYIST					
		e is, to the best of my knowle	dge, correct and complete.			
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
-	- [/ Y. V_	<u>/</u>	1/24/2019			
	(Signature of Lobbyist)	,	(bate)			
PART V AUTHORIZATI	ON TO LOBBY					
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Jim R. Yates	President, Par Hawaii, Inc.					
Jill K. Tales						
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
Par Hawaii (3			(808) 547-3920			
MAILING ADDRESS (Street)			FAX			
			EMAIL Itanaka@parpacific.com			
(City)	(State)		(Zip Code)			
Honolulu	Hawaii		96813			
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.						
D. I I I I I I I I I I I I I I I I I I I						
1/25/19						
(Signature of Authorizing Officer or Person Represented) (Date)						